21504 62823			State of Nel		Mot	or Vel	hicle	e Ac	cide	nt	Re	port		Shee	et <u>1</u>	of _	2
2	Total Nur of Vehic		Local No./ District 070		Agency Case No. B	5-092889					T & RUN	<b>I?</b>	INVESTIGA	ATION I		NO	? L 1
A/1 <b>01</b> A/2	DATE OF ACCIDENT		5/2015		Ý	S M T V	W TH	F S	TIME OF ACCIDEN POLICE NOTIFIED	'  -	(In Mil. 2144 2146	itary Time)	STATE US	E ONLY	•		
В	OF ACCIDENT	CITY	Lincoln	<b>-</b> 1						L	PRIVATE	YES NO	10/05	/201	5		
70	ROAD O		OTDEET/	0 IST/S	26TH S	T - S 27TI	н ст				PROPERT ONE-WAY	YES NO	LATITUDE				
с 4	DISTANCE		FEET	N		<b>V</b> OF			HIGHWA	S	STREET?		LONGITUE	ΣE			
<b>T</b>	MILEPO	ST	IF AT INTERSE	ECTION		MILEPOST		IF NOT	AT INTE	RSEC	CTION						
1		NAM	E OF INTERSECT	ING ROADWAY	,		5.00	MILES N	N S E	E W		EAREST STREE			ROAD C	ROSSING	3
V1/M 08 V2/M	MILES		N S E	ACCIDENT V  W AND MILES	VAS OUTSI	IDE CITY LIMI	ITS, IND	<b>W</b> OF N	ISTANCE EAREST OR TOWN	FRO	M NEAF	REST TOWN					
01 E 1	R. WORK ZONE CODES	R1	R2 R3 R4	S. PEDES CLASS CODES	IFICATION	S1 S2	S3 5	S4 S5-a	S5-b S	6-a	S6-b	DOES ACCIDI STATE DEPT.	OF ROAD				
F						VE	HICLE	NO. 1							27		
1 V1/N	DRIVER LICENSE DRIVER		NO. H13321	1802					PHONE 40296	4024	421	STATE (Of License)	NE LOCAL NO	SE O.	x Z	♦ FEMALE ➤ MALE	-
1	DRIVER ADDRE	SS	ORSMAN	NI NIE	CITY, S	STATE, ZIP			40290	3020	034	DATE OF BIRTH	04/22	2/100	 21		V1/1
V2/N <b>1</b>	OWNER		T B, LINCOL	_IN, INE					PHONE 4020	402	424	BIRTH (MM / DD / YYYY	LOCAL NO		<i>,</i> ,		18
G	OWNER ADDRE	SS	ORSMAN		CITY, S	STATE, ZIP			4029		TATION	<b>X</b> ⊃YES	CITATION				V1/2
1 H	534 S 3		ST B, LINCC TVS903	DLN, NE							⊃ PENDI <b>EAR</b>	NG NO 2016	LB49	STA	TE		V1/3
4			YEAR	MAKE		MODEL		BODY STYL	LE	C	Expires)		STIMATED [	(Of PI	E I	NE	V1/4
V1/O <b>2</b>	VEHICLE ID		1999 2JB1249X75	Pontiac 46323	; 	SUNFIRE		2 0001	r Sedar	IN		E COMPANY	TOTALE				V1/5
V2/O	NO. (VIN)	102	2301243773	40323	TOWED BY						OLICY NO		ANCE C	OM	PAN	<u>Y</u>	18
2						VEI	HICLE	NO. 2			4399	324815					<sup>V1/6</sup> 25
1	DRIVER LICENSE		NO. H12254	614								STATE (Of License)	NE	SE	x X	FEMALE	
V1/P	NATHAN	I E RU	JNGE						PHONE 4026	018	791		LOCAL NO	O.			V2/1
V2/P	DRIVER ADDRE		T, LINCOLN	, NE	CITY, S	STATE, ZIP			•			DATE OF BIRTH (MM / DD / YYYY	08/25	5/19	77		18
1	SANDRA	A RI	JNGE / NAT	THAN E F	RUNGE				PHONE 40278	3635	588	17	11-1		50		V2/2
<sup>J</sup> 01	OWNER ADDRE		H ST, WAVE	RLY, NE		STATE, ZIP				1	TATION  > PENDI	NG X NO	CITATION	NO.			V2/3
V1/Q	LICENSE PLATE	PA ı	NO. TMJ801	·						YI	EAR Expires)	2016		STAT (Of Pl	TE ate)	NE	V2/4
4 V2/Q	VEHICLE	YEAR		MAKE Chevrol		COBALT		BODY STYL	r Sedar		red		STIMATED I			 )	V2/5
3	VEHICLE ID NO. (VIN)	1G <sup>2</sup>	1AD1F53A7	1	<u> </u>	OOD, (E1		2 4001	- Coddi		NSURANC	E COMPANY GRESSIVE					12
к 01	TOWED TO TOWED BY						P	POLICY NO. 903811500				10011	V2/6 25				
	(	Comp	lete this se	ection for	r all inj	ured pers	sons				DATE	OF BIRTH	1 Seat Position	<b>2</b> Eject	3 Body	Injury Sev.	5 rans. M F
VEH. #	NAME	(COIII	ріете а соптіпиат		DRESS	nee were injur	eu)				(IVIIVI /	DD / YYYY)	Position	Lject	Region	Sev. "	aris. IVI I
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SER	RVICE NAME					EMS RU	N REPO	DRT NO.		
VEH. #	NAME			AD	DRESS												
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SER	RVICE NAME					EMS RU	N REPO	ORT NO.		
VEH. #	NAME			AD	DRESS											$\top$	<u> </u>
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SER	RVICE NAME					EMS RU	N REPO	ORT NO.		

	THE FOLLOWING	INFORMATION	I IS REQUIRED FO	OR ALL ACCIDE	NTS			
			Y DIAGRAM WHAT HAP	PENED AG	SENCY CASE 35-09288	NO. <b>9</b>		
Indicate North by Arrow						·		
		N )	*MEASUREMENTS A					
			105 FT W OF W 0 8 FT N OF S	CURB S 27TH ST CURB J ST				
	Not 7	To Scale	STREET J S 37	ST				
	<b>←</b> S 26TH S1	· · · · · · · · · · · · · · · · · · ·	J ST	S 27TH ST	<b>→</b>			
			2					
		-	1		<del></del>			
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	DESCRIPTI	ON OF ACCIDENT	I I  BASED ON OFFICER'S IN	IVESTICATION				
J ,	rder to turn into his drivew	ay. D2 said while co	ompleting his turn he coll	S 26th St and S 27th S lided with V1. No injuri				
provided.	rder to turn into his drivew	ay. D2 said while co						
provided.	rder to turn into his drivew	ay. D2 said while co				I. State ac		ms
provided.		ADDRESS ADDRESS		lided with V1. No injuri	es reportec	APPROX APPROX S	cident for	ms DAMAGE
provided.	/NER NAME	ADDRESS  ADDRESS		lided with V1. No injuri	es reported	APPROX \$ APPROX \$ APPROX \$ PHONE	cident for	ms DAMAGE
provided.	/NER NAME	ADDRESS ADDRESS		lided with V1. No injuri	es reported	APPROX APPROX S	cident for	ms DAMAGE
Provided.  Description of the provided of the	VNER NAME  VNER NAME  POINT OF IMPA MOST DAMAGE	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND ED AREA	AIRBAG DEPLOYED VEHICLE 1	PHONE  PHONE  PHONE  RESTRAINT USE VEHICLE 1	es reported	APPROX \$ APPROX \$ APPROX \$ PHONE	C. COST OF D	ms DAMAGE
Provided.  Description of the provided of the	POINT OF IMPA MOST DAMAGE (Enter numbers for	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND ED AREA each vehicle)	AIRBAG DEPLOYED	PHONE PHONE PHONE RESTRAINT USE	es reported	APPROX \$ APPROX \$ PHONE  TAL PANTS  TO Drive ING  PO Drive No.	C. COST OF D C. COST OF D C. COST OF D Driver 1 Driver 1 No. 2	DAMAGE  DAMAGE  The state of th
Provided.  Description of the provided of the	POINT OF IMPA MOST DAMAGE (Enter numbers for VEHICLE 1 POINT OF OO P	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND ED AREA each vehicle)  VEHICLE 2  DINT OF 02	AIRBAG DEPLOYED VEHICLE 1 4 4 4	PHONE  PHONE  PHONE  RESTRAINT USE VEHICLE 1  2 1 None used - vehicle occu	es reported  TO OCCU  ALCO TEST  ALCO LEVI Pant TEST	APPROX \$ APPROX \$ PHONE  TAL PANTS  TAL PANTS  TO THE TAL NO. HOL POL POL POL POL POL POL POL POL POL P	C. COST OF D	DAMAGE  DAMAGE  DAMAGE  The product of the product
provided.    Dobject Damaged   Owner	POINT OF IMPA MOST DAMAGE (Enter numbers for VEHICLE 1 POINT OF IMPACT O8 PI IMPACT DAMAGED O8 DAMA	ADDRESS  ADD	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - both front/side	PHONE  PHONE  PHONE  RESTRAINT USE VEHICLE 1  2 1 None used - vehicle occu 2 Lap & shoulder belt used 3 Shoulder belt used 4 Lap belt only used 4 Lap belt only used 4 Lap belt only used	TO OCCU ALCO TEST ALCO TEST BAC LE	APPROX \$ APPROX \$ PHONE  TAL PHONE  TAL PHONE  TAL PANTS  TAL No. TAL PANTS	C. COST OF D  X. N X	DAMAGE  DAMAGE  DAMAGE  THE Pedestrian Y N
provided.    Description   Des	POINT OF IMPA MOST DAMAGE (Enter numbers for VEHICLE 1 POINT OF IMPACT O8 PI 1 POINT OF IMPACT O8 DAMAGED AREA DAMAGED AREA	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND ED AREA each vehicle)  VEHICLE 2  DINT OF MPACT  MAGED AREA  MOST AMAGED AREA  AREA  AND ED AREA  O2  DINT OF MPACT  MAGED AREA  AND ED AREA  AND ED AREA  AND ED AREA  AND ED AREA  ADDRESS	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available	PHONE  PHONE  PHONE  PHONE  RESTRAINT USE VEHICLE 1  2  1 None used - vehicle occu 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet us	es reported  TO OCCU  ALCO LEV TEST  BAC LE  AL  AL  AL  AL  AL  AL  AL  AL  AL	APPROX S APPROX APPROX S PHONE  TAL PANTS 1 HOL Drive ING No. HOL EL DRIVE COHOL/ DRUGS	C. COST OF D  C. COST OF D  C. COST OF D	DAMAGE  DAMAGE  THE TOTAL TOTA
provided.    Description   Des	POINT OF IMPA MOST DAMAGE (Enter numbers for VEHICLE 1 POINT OF IMPACT O8 PI 1 POINT OF IMPACT O8 DAMAGED AREA  00 None 02 09 Top & windows —	ADDRESS  ADD	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/	PHONE  PHONE  PHONE  PHONE  RESTRAINT USE VEHICLE 1  2  1 None used - vehicle occu 2 Lap & shoulder belt only used 3 Shoulder belt only used 5 Child safety seat used 6 Child booster seat used 6 Child booster seat used	TOOCCU ALCO TEST ALCO LEV TEST BAC LE SUS 1 Nei	APPROX SPHONE  PHONE  TAL PANTS  TAL PANTS  TAL PANTS  TO	EH 2 VI	DAMAGE  DAMAGE  The properties of the properties
Provided.    Description   Des	POINT OF IMPA MOST DAMAGE (Enter numbers for VEHICLE 1 POINT OF IMPACT DAMAGED AREA  00 None 02 09 Top & windows 10 Undercarriage 01 11 Total (all areas) 1	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND ED AREA each vehicle)  VEHICLE 2  DINT OF MPACT  MAGED AREA  MOST AMAGED AREA  AREA  AND ED AREA  O2  DINT OF MPACT  MAGED AREA  AND ED AREA  AND ED AREA  AND ED AREA  AND ED AREA  ADDRESS	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2	PHONE  PHONE  PHONE  PHONE  RESTRAINT USE VEHICLE 1  2  1 None used - vehicle occu 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet use 8 Costume helmet used 9 Restraint use unknown VEHICLE 2	es reported  TO OCCU  ALCO TEST BAC LE SUS 1 Nei 2 Yes 3 Yes	APPROX \$ APP	C. COST OF D  C.	DAMAGE  DAMAGE  DAMAGE  The Pedestrian Y N N Driver No. 2 1 Spected
provided.    Description   Des	POINT OF IMPA MOST DAMAGE (Enter numbers for VEHICLE 1 POINT OF IMPACT O8 PI IMPACT O8 DAMAGED AREA  O0 None O2 09 Top & windows 10 Undercarriage 01 11 Total (all areas) 12 Other	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND ED AREA each vehicle)  VEHICLE 2  DINT OF 02  MOST MAGGED AREA 02  AREA 05  I 07   06  DEPARTMEN	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2	PHONE  PHONE  PHONE  PHONE  RESTRAINT USE VEHICLE 1  2  1 None used - vehicle occu 2 Lap & shoulder belt used 3 Shoulder belt used 4 Lap belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet us 8 Costume helmet used 9 Restraint use unknown VEHICLE 2	TOOCCU ALCO TEST BAC LE SUS 1 Nei 2 Yes 3 Yes 4 Yes	APPROX \$ APP	C. COST OF D  C.	DAMAGE  DAMAGE  DAMAGE  The Pedestrian Y N N Driver No. 2 1 Spected